WORKING PAPER No. 183

RC-II: FAMILY, KINSHIP AND MARRIAGE
FAMILIAL ROLES OF WOMEN :
PERSPECTIVE AND PROSPECTIVE

(96)

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GIRI INSTITUTE OF DEVELOPMENT STUDIES
Sector O, Aliganj Housing Scheme
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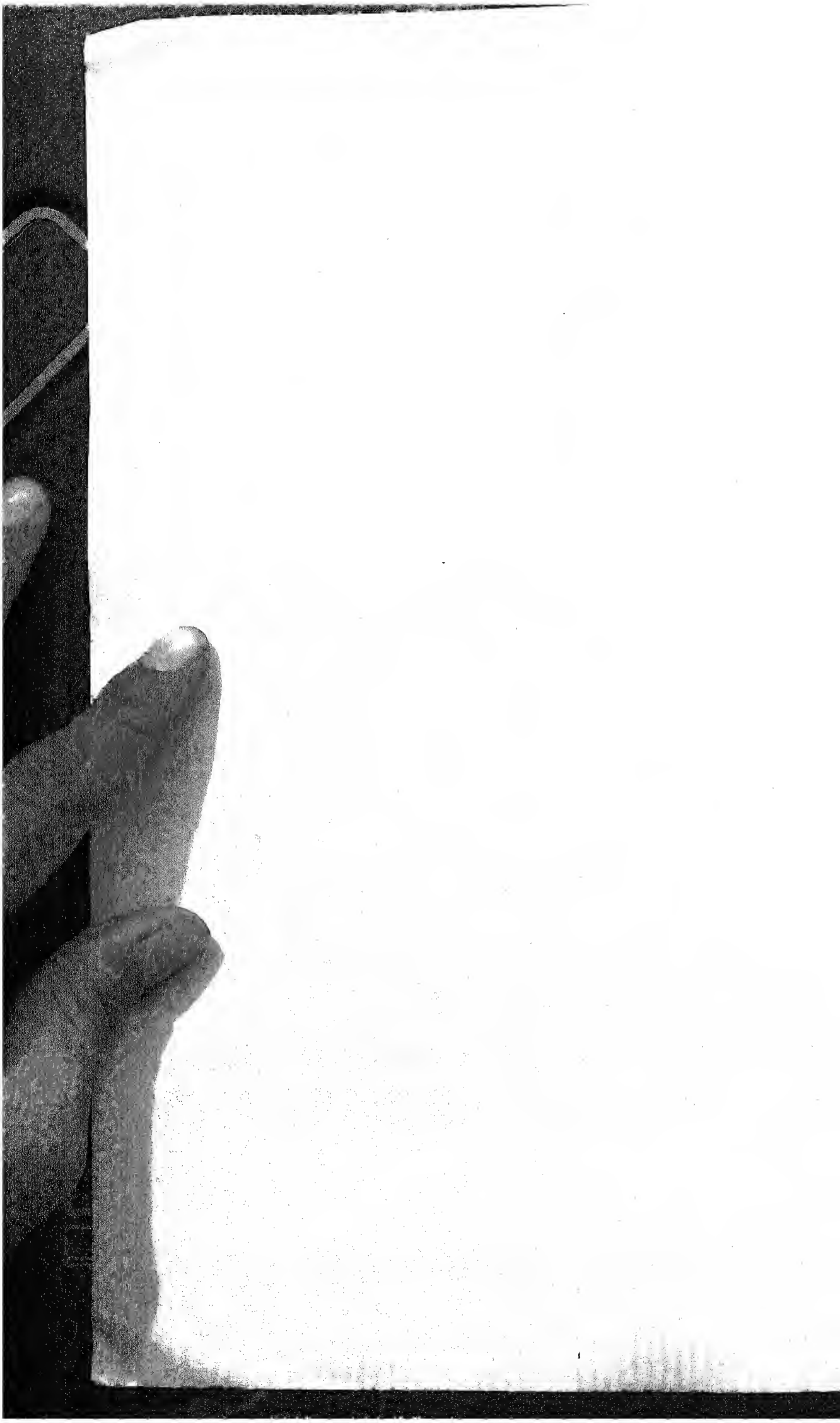

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Familial Roles of Women : Perspective and Prospective

THE PROBLEM :

This paper aims to analyze the perspective and prospective familial roles of women as wives and mothers. The globalization of trade and services and advancement of Information Technology has radically altered the social life but familial roles of women have largely remained unaltered. This is mainly due to the normative aspect of division of labour, which looks more constricted towards women's familial roles. Simultaneously women also deem their primary responsibility as performing their familial roles in its first place. Thus, those who tread home and job together find themselves at cross roads. They are neither accepted as **'housewives'** in a traditional way nor are they accepted as bread winning **"working wives"** in a modern way as parallel to their men. The working wives are usually accused for neglecting their familial obligations at home and professional duties at workplace. This situation may lead them into the domain of role-conflict.

Thus, there is a need for re-thinking of the perspective on the familial roles of women. In its perspective women roles are biologically determined and socially accepted in an expressive way (parsonsian term). The biological reality or reproductive role has been observed and interpreted by social scientists in different ways. The ideological inputs are ranged from early human biogrammers to the recent feminist ideology. Needless to note that all the time interpreters were men and therefore their precept of women's biological role was also negative. Since women were witnessing pregnancy, delivery and child nursing were restricted to familial work, their movements were restrained and their sphere of activities were curtailed. It is only recently when women feminists, through out the world have voiced and have turned the positive side of women's reproductive role in order to put them into the main stream of social life, jobs and professions. As a consequence of these efforts working wives and mothers are more defiant, confident and independent identities yet they are conflicting (as studies reveal) with dual roles. They are still subjected to household chores, menial duties and domestic work. Keeping these in mind, the paper sets out two main objectives : (I) to analyze the different perspectives on familial roles of women and (ii) to learn from

the observability of familial roles of women physicians so that prospective roles may be suggested.

METHODOLOGY :

This work is based on a study of women physicians in Government Hospitals attached to Medical Colleges located in Delhi. The list of Government Hospitals and their respective Medical Colleges is given below :

(1) **Lady Hardinge Medical College**

(i) Smt. Sucheta Kripalani Hospital

(ii) Dr. Ram Manohar Lohia Hospital

(2) **All India Institute of Mecial Sciences**

(iii) AIIMS, Hospital

(3) **Maulana Azad Medical College**

(iv) Lok Nayak Jai Prakash Narain Hospital

(4) **University College of Medical Sciences**

(v) Safdarjung Hospital

This study is based on the selection by stratified sample of 150 respondents from five hospitals, 30 from each. The categories of respondents included administrators faculty members, specialists, medical officers, surgeons and the residents both senior and junior. Out of 150 respondents, twenty-five respondents five from each hospital were selected for case studies, mainly on two basis : (I) age and marital status (2) professional hierarchy.

The methods adopted were both quantitative and qualitative respectively through the techniques of survey and case study. Also observation and interview techniques were part of the study.

FAMILIAL ROLES OF WOMEN : THE PERSPECTIVE

There has been a clear difference in social role of men and women right from the primitive hunting societies to the most recently modern industrial societies. In every society, the process of allocation of tasks is organized according to definite principles and methods. Also each society has a framework of behavioral normation, which is laid down in advance as rights and duties, obligations and bonds. In the same way every society has a differentiated social structure as a framework composed of socially dissimilar parts but related to one another. These two attributes - social differentiation and social normation - may be treated as determinants in assigning men and women different types of familial roles. The basis of social differentiation was biological. Since women had to undergo pregnancy, delivery and child nursing as natural process of reproduction whereas men did not. As a result, men were made responsible for livelihood and earning for the family. They were assigned the role of husbands and fathers and were treated as heads of households under a patriarchal system. Women in the family, on the other hand, had the tasks of household and childcare as befitting a status of righteous wives and mothers. Women had to perform their familial roles in the first place, and they might or might not go outside to work. The social responsibility of women was restricted to the husbands and children through the institutions of marriage and family.

The image and the social position of women as wives and mothers did not change as the centuries passed by; and have not changed even in today's modern world. According to the anthropologists, this can be explained in terms of genetical and biological differences. Men, with greater physical strength and women with comparatively less physical strength are bound to be assigned different types of familial roles. The functionalists assume the necessity of women's familial roles as wives and mothers if society has to sustain and continue. However, Marxists argue that women's familial roles are; the results of men's maneuvering strategy to keep women their subordinates. Finally, feminists question the system, which is a partial to men, and the society, which is consequently dominated by them. To have a clear perspective, all these theories of women familial roles will be examined in the proceeding section.

(a) Anthropologist's Perspective

The basis for the differentiation of roles between men and women, according to the anthropologists, is 'biological differences.' Which make human beings behave in certain ways. This was discussed by Lionel Tiger, and Lionel Tiger and Robin Fox in two books. In the first book, Tiger maintained that the differentiation of work between men and women has "direct biological roots."[1] Whereas in his second book in association with Fox, he also added the "genetical differences.' These differences are partly due to genetic inheritance from man's primate ancestors, and partly to a genetic adoption to a hunting way of life.[2] Men were responsible for the protection of the band and for alliances or wars with other bands and dominated all positions of power over women in the family, trade and marketing and social life. Women. were restricted to the house family and children.

Murdock, on the basis of quantitative data, proved biological differentiation of roles. He presented a list of activities done by men and women of 224 societies ranging form hunting to modern industrial societies and observed, "man with his superior physical strength can better undertake the more strenuous tasks such as lumbering, mining, quarrying, land clearance and house building. Not handicapped by the physiological burdens of pregnancy and nursing, he can range farther afield to hunt, to fish, to herd and to trade. Woman is at no disadvantage, however, in lighter tasks which can be performed in or near the home, e.g., the preparation of food, and the manufacture of clothing and utensils."[3]

(b) Functionalist's Perspective

Women's social roles were described by Talcott Parsons in the context of modern industrial nuclear family. He saw family as one of the important institutions, which fulfill the basic requirements known as "functional pre-requisites" of the society; the socialization of the young and the stabilization of adult personalities. At this point, two questions arise. First, how to achieve these requirements? And second, to whom these responsibilities should be assigned. In answer to these

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[1] L.Tiger, Men in Groups, New York: Random House 1969, p-88
[2] L. Tiger and R. Fox, The Imperial Animal, Landon: Secker and Warburg, 1972 quoted in M. HaraLambose and R.M. Heald, Sociology: Themes and Perspectives, New Delhi, Oxford Uni. press 1980, p-370
[3] G.P.Murdock, Social Structure, New York: Macmillan, 1949, p-7

questions, parsons formulated social roles of women. This time, the basis for differentiation was biological. He stated " In our opinion" the fundamental explanation of the allocation of roles between the biological sexes lies in the fact that the bearing and early nursing of children establish a strong presumptive primacy of the relation of mother to the small child and this in turn establishes a presumption that the man. who is exempted from these biological functions, should specialize in the alternative instrumental direction."[4] Thus, the relation of mother to the small child or the dependence of child on mother provides warmth, security and emotion al support. This is perhaps why parsons refer to this 'expressive' role of woman in the family. In his views, this is essential for effective socialization of the young. The second function of the family, viz., the stabilization of adult personalities, is also part and parcel of the expressive role of a woman who provides warmth, emotion al support and love not only to her child but to the male breadwinner also who is certainly busy with his instrumental role. To Haralambos et.al., this 'instrumental' role leads to stress and anxiety. In this context, they stressed the importance of expressive role of the female. She relieves this tension by providing the weary breadwinner with love, consideration and understanding."[5]

In short, in Parsonsian terms, if a family has to be an effective institution of a society, the expressive role of women should necessarily be continued through a clear cut division of labour which sends women home where they are primarily responsible for social roles as wives and mothers.

(c) Marxist's Perspective

Marxists perspective begins with the explanation of women's subordination, which resulted due to the emergence of private property. To protect ;this institution of private property, women's social roles as mothers and wives were set clearly through monogamous type of marriage. Engels stated, "monogamy arose out of the concentration of considerable wealth in the hands of one person-that of a man.[6]

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[4] T.Parsons, The American Family in T. Parsons and R. Bales, Family: Socialization land Interaction Process, London : Routledge and Kegan Paul, 1956, p-23

[5] M.Haralambos and R.M. Heald, 1980, opcit, p-372

[6] F. Engels, The Origin of the Family : private property and the state, London: Lawrence and wishart, 1972,p-138.

This statement clearly shows that men were interested to establish their supremacy over women. This was possible only if women were deprived of economic independence and privileges such as free movement, and control over wealth.

Thus, both Marx and Engels believed that egalitarian status between sexes could be achieved only in a socialistic society in which the forces of production were communally owned. Women would no longer be engaged in the production of heirs since there would be no property to be owned. They also asserted that the demand for the female wage labour would raise the status and power of woman and society at large.

(d) Feminist's Perspective

Feminists argue that subordination and seclusion of women in society are reflections of the prevailing culture and society rather than merely a result of female biology. As for the biological interpretation, Hegel's concept of women as being passive and men as active was proved "false" by the feminists. The famous feminist Simone Beauvoir thus observed, "the truth is ;that these notions are hardly more than vagaries of the minds. Male and female gametes fuse in the fertilized egg; they are both suppressed in becoming a new whole....in its whole structure sperm is adopted for mobility whereas the egg, the big with the future of the embryo, is stationary; enclosed within the female body or floating externally in water, it passively awaits fertilization. It is the male gamete that seeks it out. The sperm is always a necked cell; the egg may or may not be protected with shell and membranes according to the species but in any case, when sperm makes contact with the eff, it presses against it, sometimes shakes it and bores into it. The tail is dropped and the head enlarges forming the male nucleus, which how move towards the egg nucleus. Meanwhile the egg "quickly" forms a membrane which prevents the ent5ances of other sperms....thus the egg-active in its essential feature, the nucleus- is superficially passive, its compact mass, sealed up within itself evokes nocturnal darkness and inward repost."[7]

[7] S.de Beauvoir, The Second Sex, Harmondsworth : Penguin books 1953, p-44

With the vantage point of human physiology, feminists explore the cause and effect of women's subordination in the society. Firestone[8] writes that women busy with bearing and nursing children became dependent of men for their survival. The dependence on men resulted in unequal distribution of power relations in the family. She claims that men derived pleasure from their power over women which led to 'power psychology'- desire to dominate others. However, this desire of men. in her views, is borrowed from the economic class where some men came to dominate other men. In her opinion, all domination is bad and she stresses not only on the liberation of women but also of men from their sexual class and economic class respectively.

There are some other feminists[9] like Betty Firedan, Cynthia F. Epstein, Sherry, B. ortner, Jessie Bernard, Sheila M. Rothman and many others, who either supported women's liberation movement or demonstrated women's place in the family and the society. but, a strong ideological input has been provided by Ann Oakley, who provides enough material on the theory of social roles emphasizing that the converived social roles of women as wives and mothers are "myths" and were laid down on the basis of convenience to men than female biology. In this context, one may wonder as to how myth is playing such a positive role as inculcating the value of social roles in the society? She explains "the primary function of 'myth' is to validate as existing social order. Myth enshrines conservative social values, raising tradition on a pedestal. It expresses and confirms rather than explaining or questioning the sources of cultural attitudes and values. The notions expressed in myth are always held as sacred they are perceived and transmitted as sacred. Because myth anchors the present in the past it is a sociological character for a future society which is an exact replica of the present one."[10]

There is a positive hint in the above statement that myth is sacred and sacred is religious and religious values are transformed and inherited by people through culture. This is perhaps the reason she strongly stresses on culture more than the female biology. She attacks on Murdock's assumption of biological differences as

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[8] S. Firestone, The Dialectic of Sex, London : Paladin, 1972

[9] B.Friedan, The Feminine Mystique, London: Gollanez 1963; C.F. Epstein, Women's place:Berkley:California press, 1970 (b); S.B. Ortner, "Is Female to Male as nature is to culture?" in M.Z.Rosaldo (ed)Women, Culture and Soceity, Stanford University press, 1974; J. Bernard, The Future of Marriage, Harmondsworth: Penguin Books, 1976 S.M. Rothman, Women's proper place : A History of Changing ideas and practices: 1870 to the present, New York : Basic books Inc.Pub. 1978

[10] A. Oakely, Housewife, London : Allen Lane 1974, pp-167-68

assigning men and women different types of work "activity during pregnancy and lactation is not rules out by the "facts" of biology, but variously prescribed or prohibited according to cultural custom, what nature (or biology) decrees is not gender role differentiation but reproductive specialisation."[11] She also dismisses Murdock's data on different activities and his judgement that more strenuous work are for men and lighter tasks are for women. She examines the list of activities given by Murdock in which biology appears to have little or no influence on women's work.

Friedle an anthropologist also shows the variations in the work of men and women in various societies. In some societies activities such as weaving, pottery making and tailoring are thought to be naturally men's tasks, while in others, as naturally those of women. Such tasks, if carried out by males get higher prestige than in societies where these are assigned to women.[12]

Not only the feminists reject the idea of female biology as a determinant of different types of roles of men and women in the society but even psychologists, scientists, philosophers and trend setters of the modern times also contend that "the exact femaleness" does not exist in any of the sexes biologically or psychologically. Those who make it a governing rationale themselves live on flat lands.[13]

In a study on gender differences of men and women, Janet Watts noted these findings of the psychologist John Nicholson, "the two sexes are remarkably similar.....take babies, when it comes to what babies actually do, there is little difference between the sexes but as they grow up, they develop the gender differences that their families and societies expect and impose on them."[14]

Thus, it can be summed up that the basis of familial roles may have either been biological, social or cultural determinants. In their perspective, women are made responsible for whatever happens in the family. Although sociologists believe that women should perform their wife and mother roles in an expressive way (providing warmth affection love and care) to the weary breadwinner, who comes home after the hectic work schedule and children in the family, but all the domestic

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[11] A. Oakely, Housewife, London : Allen Lane 1974, pp-167-68

[12] E. Friedle, *Women and Men : An Anthropological View*, New York : Holt Rinehart and Winston, 1975.

[13] N. Gupta, "Is there such a thing as a Woman?" The Times of India, Sunday Aug. 10, 1986 (Delhi ed.)

[14] J. Watts, "Men and Women : The Feud Goeson" The Times of India, Sunday May 1, 1988 p-1(Delhi ed.).

activities and household chores were added to wife and mother roles. This dichotomy of situation was never debated.

Having made clear the perspectives on familial roles, observability of women's roles as wives and mother in the light of empirical data collected from women physicians in hospitals of Delhi, would be discussed in the next section.

Familial Roles of Women : The prospective

First of all, prospective roles do not mean that familial roles should be eliminated. Since these roles are attached to marriage and family institutions. Thus, these roles may go along with these two institutions. By prospective roles we intend to mean the observability of women's roles as wives and mothers. On the basis of observability of roles, some measures may be suggested, which may ease working women's stress and strain in balancing between homes and jobs. In their wife and mother roles women physicians were expected to perform :

1. Catering to marital happiness
2. Household work and its management
3. Wife's income and House hold expendiure
4. Childcare
5. Socialization of the child

(A) Wife Role :

The role of wife begins through the institution of marriage, in marriage man and woman become on flesh.....and husband and wife may comfort and help each other..... that they may have children.....and begin a new life together in the community."[15] According to Hindu religion, "marriage a sacrament aims to promote dharma, praja (progeny) and rati (pleasure).[16] To attain these aims of married life wife's duties have been widely prescribed in the relevant literature, which can be classified as (a) marital happiness (b) household work and its management and (c) wife's income and house hold expenditure.

[15] Church England, Alternative Services Book, 1980 quoted in M.Argyle and M.Handerson. The Anatomy of Relationship Heinemann, London, 1985, p-124

[16] K.M. Kapadia, Marriage and Family in India, Oxford University Press, Delhi 1955 p-167.

(a) **Marital Happiness**

Marital happiness is one of the most expected task of an expressive wife whose 'supposed duty' is to maintain peace, love and affection in the family. In the process she provides warmth, helps weary male members and tries to stabilize the personality of adult members.

Having this concept first of all it was endeavored to know about how women perceived and interpreted the notion of marital happiness. A large number of respondents were of opinion that 'phases of life' are responsible for marital happiness. Phase of life was defined as 'time of crisis' and 'life cycle'. The last phase of life cycle was invariably reported to be the best phase for marital harmony.

One associate professor emphasized upon times of crisis :

"No one is extremely happy in her marital life. There are phases of tensions and shades of sorrow in each one's life. When the phase of sorrow (time of crisis) is passed, coupled feels happy and negates the past. Once again they maintain the marital happiness".

One head of the department explained:

"Marital harmony is based on trust and adjustment or understanding. If there is not trust there is no harmony. Husband and wife may resolve crisis and overcome bad times if they have trust and love."

From these statements, it appears that for most of the women physicians interviewed considered that marital happiness is the absence of family problems and minus of the time of crisis. Marital happiness can be checked with two variables husband-wife relationship and sexual and recreational activities.

1. **Husband-wife relationship :**

A woman takes up her wife's role to fill the counter position of man as husband in the family role-set. Therefore, the relationship between husband and

wife is an essential feature in the facilitating wife's employment. If the relationship is harmonious, wife may achieve high merits in her work or else. she has to make greater compromises in her wife role or her job role. Husband-wife relationship can be put forth in two dimensions.

(i) Age and husband-wife relationship

(ii) Type of family and husband-wife relationship

Table 1 : Age and Husband-wife Relationship

Total No. of married women N= 116

Age	Harmonious	Functional	Conflicted	Rows
below 30	33 (91.7)	2 (5.6)	1 (2.8)	36 (31.0)
31-45	53 (88.3)	6 (10.0)	1 (1.7)	60 (51.7)
46+	18 (90.0)	1 (5.0)	1 (5.0)	20 (17.2)
Columns	104 (89.7)	9 (7.8)	3 (2.6)	116 (100.00)

This is apparent from the above table that age is not a factor of significance in relation to harmony between husband and wife. In fact when the respondents were further bifurcated according to "very harmonious" and "harmonious" relationships, 33.33% fall in the category of very harmonious relationship. This confirms the phase theory of marital happiness.

Table-2 : Type of Family and husband-wife Relationship

(N=116)

Type of Family	Harmonious	Functional	Conflicted	Rows
Nuclear Family	83 (92.2)	6 (6.7)	1 (1.1)	90 (77.6)
Complex Family	21 (80.8)	3 (11.5)	2 (7.7)	26 (22.4)
Columns	104 (89.7)	9 (7.8)	3 (2.6)	116 (100.0)

Figures in parentheses are the relative percentages of the columns.

The type of family, complex or nuclear may have a bearing on the overall harmonious/ non-harmonious marital relationship. As may be noted from Table 2, a larger number of women physicians reporting non-harmonious marital relationship (19.2%) belonged to complex families as against 7.8% belonging to nuclear families.

Table -3: Type of Marriage and Husband-wife Relationship

(N=116)

Type of Marriage	Harmonious	Functional	Conflicted	Rows
Self Arranged	42 (95.5)	1 (2.3)	1 (2.3)	44 (37.9)
Arranged by Parents	57 (85.1)	8 (11.9)	2 (3.0)	67 (57.8)
Arr. by others	5 (100.0)	0 (0.0)	0 (0.0)	5 (100.0)
Columns	104 (89.7)	9 (7.8)	3 (2.6)	116 (100.00)

Figures in parentheses; are the relative percentages of the columns.

It Is clear from the table- 3 that proportionately larger number of women physicians reporting non-harmonious marital relationship were those whose marriages were arranged by parents (14.9%) as against a very small proportion (4.6%) of those who arranged their marriages themselves.

2. Sexual and Recreational Activities :

Marital happiness is also derived from sexual and recreational activities engaged in by the couples together during leisure times. Physicians always complained of rarely any time for leisure and sociability yet they also talked about doing recreational activities when ever such a time was available. It is interesting to note that women physicians were seemed quite easy at sexual activities. In response to this question, "Have you ever had sexual tensions with your husband". A large number of respondents 97 (83.6%) reported having never or rarely any tensions on sexual activities. Never category shows a high percentage 62.0% in comparison to rarely 21.5%, 11.2% women physicians said occasionally and a marginal group 4.3% expressed it in a negative tone frequently. One respondent did not answer. If we relate this 4.3% of women physicians we find that those who had conflictual relations with their husbands had sexual tensions too. This comes to

mean that majority of the women physicians were having good sexual relationship with their husbands.

(b) **House hold Work and its Management :**

Household work is a 24 hours job for a wife. She is the first person to get up in the morning and the last to go to bed. The responsibility of a housewife is an umbrella term which includes everything required by family members, husband children and adult persons. Generally household work includes cleaning, sweeping laundering, stitching, marketing, home making, decorating and above all cooking. In general the housework is defined as low status and menial,[17] endless and repetitive[18] unproductive and uninteresting task[19] but not all of it. Housework is not an activity without a planning and its implementation of that planning of household necessaries. The management and its execution require intelligence, skill, time and energy of a wife. A working wife due to shortage of time and depletion of energy becomes less efficient in executing her household duties. Let us examine the observability of household work with the help of empirical data collected from women physicians.

The empirical data suggest that out of 116, 90.5% managed their household duties happily, while a small group (6%) not quite so happily, whereas 3.4% did not respond to this question and gave a typical response "I do none of the household duties, listed earlier, except care and supervision." Most of the physicians managed their household work in the mornings, evening, nights, weekends and holidays. The common activities were, budgeting, listing, shopping, home making and cooking. A marginal group added cleaning and stitching. The management of household is closely related with the type of family whether it is complex family or nuclear family. Two typical examples of the two cases have been given below :

A Sr. Resident from a complex family said :

"We give money to father-in-law. He keeps the account. All household items are made available in the house by mother-in-law. For example, if gas cylinder is out of stock, she will phone to service station etc. What is to be cooked for the day, festivals and occasions - all is managed by mother-in law. We have part time

[17] A. Oakley, Housewife, London. Allen Lane 1974 p-4.
[18] S. De Beauvoir, The Second sex, Harmons worth penguin Books 1953, p-470.
[19] K. Rani, Role-conflict in working women, Chetna Publications, New Delhi, p-84.

servant who does all menial work. Thus I only care about the cooking. I get up early in the morning, prepare breakfast and 'sabji' for lunch, pack lunch for both of us (physician-physician). If it is day duty then I would normally come home by 5 to 6 P.M. I will make tea without any rest, because they would be waiting. Then I relax for some time and prepare dinner. If I have a night duty, I cook in advance. If I am back from 24 hours emergency duty at 10 A.M. I will not sleep until the lunch is over."

An Asst. Professor from a nuclear family reported :

"I have full time maid servant. I do none of the household activity. I plan the menu in advance so that there would not be trouble in the morning. If work is necessary. I do at night even in winters. Normally, I go home for lunch. I do as much as possible (supervision). For a guest or somebody is sick. I engage a scooter (living in the campus) and save time to give more time to that person. We go for shopping in the evening or in the weekends. Rest of the necessary supervision is taken care of by my husband."

It was also endeavored to examine how many physicians carry out their household activities by themselves single handed, and how many physician get support from family members or from anywhere else. Out of 116, 6% reported that they did all the household activities single handed. However, during subsequent discussions, they admitted that they obtained casual help on part time basis or calling them on holidays and weekends. The remaining physicians (87.9%) reported as having a reasonable social supportive network which made household management feasible, despite heavy hospital duties. Out of 87.9%, 75.9% had servants. Rest were helped by mothers or mothers-in -law in the case of complex families. Focussing on husband's help in household work, it was interesting to observe that younger group resented the word "helping me" while elderly and middle aged 31-45 gladly discussed their husband's help in domestic activities.

Quantitative data suggest that outs of 116, 38.6% husbands help frequently, 37.7% help occasionally and 23.7% carry out domestic activities rarely. However, 1.7% did not respond to this question. They may belong to those who did not do any of household activities. Husband's help has been focussed according to the type of family to give a clear insight on husband help in household chores.

Table -4: Type of family and Husband's help in household work

(N=114)*

Type of family	Frequently	Occasionally	Rarely	Raws
Nuclear family	40 (44.9)	30 (33.7)	19 (2.13)	89 (78.1)
Complex family	4 (16.0)	13 (52.0)	8 (32.0)	25 (21.9)
Columns	44 (38.6)	43 (37.7)	27 (23.7)	114 (100.00)

Figures in parentheses are the relative percentage of the columns

- Two did not respond

It is evident from tables 4. that husbands assume some of the domestic activities in nuclear families than traditional families. It is also useful to learn from physician wives that their was a difference in their perception of domestic activities as a role. A number of younger women resented on " do you do washing clothes, cleaning utensils, home making etc. To support this one such example is cited below :

<u>One younger physician quipped</u>

"I do not believe in the social role of a woman to be domestic where she has to wash and cook because she is a woman. It is our home. We (husband-wife) are equally responsible for everything. If husband is doing household activities he is not helping me but doing his work. If cooks (men) are happy in five star hotels, why can not husband feel proud if they cook and serve. After they are like us cooking for loved ones for whom they are and feel responsible."

This is also evident from the data on husband's help (earlier discussed) that younger women physicians resented the word "helping me while elderly and middle aged 31-45 gladly discussed their husband's help in domestic activities. This is indicative of the change in the perception of women physicians.

(c) Wife's income and Household Expenditure :

Wife's income is, to a great deal, a bonus to the household economy.[20] The head of the household is a person, who possesses the control over collective income pooled by family members at one point. In traditional families, it is often the father-in-law who keeps the money with him or mother-in-law in case of the power is shifted. This trend is carried over in nuclear families too. Husband is the incharge of household income, its budgeting and planning, whereas wife is supposed to carry out household work and posses power in food, children and household items.[21]

It would be useful to have a pattern of professional wife's income : control and its expenditure. Out of 116, 35.6% give their salary to their husbands while large number of physicians (64.4%) did not give their salary to their husbands. The type of family will make the situation conspicuous that who followed the traditional value or who did not.

Table- 5: Type of family and Wife's Salary Giving to their Husbands

(N=116)*

Type of family	Yes	No	Rows
Nuclear family	32 (35.6)	58 (64.4)	90 (77.6)
Complex family	10 (38.5)	16 (61.5)	26 (22.4)
Columns	42 (36.2)	74 (63.8)	116 (100.00)

Figures in parenthesis are the relative percentage of the columns.

This table gives an impression that the women physicians living in nuclear families had slightly more autonomy than living in complex families.

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[20] J.Bernard, Women, Wives, Mothers, "Values and options, Chicago :Aldine Publishing Company, 1975 p.115.

[21] M. Argyle and M. Henderson, 1985 op cit, p-127; N.F. Abidi,"Home-based production : A case study of women weavers in a village of Eastern Uttar Pradesh." in A.K. Gupta, Women and Society : the developmental perspective, New Delhi criterion publications, 1986, pp-336-37.

Since large number of women physicians did not give their salary, it would be useful to see how did they spend. In response to this question "how did you spend your earnings." Out of 74, 32.4% spent on household items, 14.8 utilized their salary on themselves (specially younger group and not having children), 13.5% physicians spent on children. Others (18.9%) gave on the occasions, festivals or in the time of crisis or whenever they felt like giving on their own will. However, 20.3% spent on all items mentioned above. In the exploration of case studies, it became evident ;that it was not only wife's wish to spend the salary but husband's too. It is a compromising mechanism to solve many of family problems.

One respondent from physician-physician family opined:

"Nothing is allocated but I look after the budget around domestic things ; vegetables, food grains, salary to servant etc. My husband never cares how much money he has spent on refilling the tank of the car, house tax, water tax, electricity bills and repair bills etc. We do not question each other because we are at the stage when one cannot go for fanfare."

One elderly respondent from physician-engineer family told:

"I do not give my salary : instead he has given me his right from the beginning. So I am a banker. I plan the budget and spend accordingly. Certainly if I have to purchase something important I discuss with him. I never go alone for shopping. Children are grown up. I care for them also."

These statements confirm the traditional allocation of sex-roles. Most often the women physicians spent their salary on kitchen items, home maintenance and clothing whereas husbands spent on outside items and on payments of bill. Though most physicians did not give their salary in their husband's hand but kept in their pocket and spent with the consent of husbands.

(B) <u>Mother Role</u> :

Mother role is the fundamental aspect of women's social role. Erikson explains it as 'the core of female identity, a biological, physiological and ethical

commitment to take care of human infancy.[22] The importance of mother role is well depicted by Birnbaum, "a women derives a sense of purpose and vitality as well as vicarious achievements' satisfaction from her large family."[23] This gives woman a sense of worth living more than a captive housewife or a housebound homeworker. Working women having expanded their identity by workrole, often become the victims of criticism. The widespread criticism and degradation was caused by a movement raised by housewives who called them "bad guys," 'castrating females' and consistently devalued them.[24] Because housewives, who want to remain home sheltered and protected, and carry out God's plan were feeling low and degraded by the rise of working women's autonomy and independence. Working women have to integrate their mother role with work role. They have somehow or other managed to retain professional interests during the years of early motherhood and are ready to re-enter the mainstream.[25] Physicians in this study, also seemed more interested in their professional careers than expanding family tree. This is clear from the data on number and stages of children and the age of respondents. Out of 116 married women, 87 (75%) had children, whereas 29 (25%) had no children. Table-6 is given below to provide a clear position of respondents with or without children.

Table-6: Designation of Women Physicians and Presence of Children

(N=116)*

Designation	With Children	Without Children	Total
Senior Physicians	69 (80.2)	17 (19.7)	86 (74.1)
Residents	18 (60.0)	12 (40.0)	30 (25.9)
Total	87 (75.0)	29 (25.0)	116 (100.0)

This table gives a compact situation that the residents very often did not posses children. The senior physicians also had small children. This was

[22] Eric Erikson, Identity, Youth and Crisis, New York L Norton, 1968, p-226.

[23] Judith, L.A. Birnhaum "Life partners, personality style and self esteem of gifted family oriented and career committed women." quoted in Jessie Bernard, 1975, op.cit, p-119.

[24] H.A. Lopata, Occupation Housewife, New York : Oxford Univ. Press, 1972, pp.51-53.

confirmed during case studies by the respondents' reply to the question, "when did you get married, before MD or after MD?." They, in most cases (who possessed MD degree), got their first child after MD. It was further checked whether the physicians had an opinion of their husbands or not in delaying children. The question was asked "have your ever had differences on the question of having children?" In response to this question, out of 116, 24 (20.7%) showed their 'difference', with their husbands on the issue of having children. Remainants (79.3%) said no difference. Out of 24 (20.7%) a large number (50%) said 'I want to delay for certain period of time'. A close percentage (29.2%) of the respondents replied. "I want/wanted the child but husband wants/wanted to delay for certain period of time." Other responses were in similar view. 8.3% physicians said " I have no time to produce child." 12.5 were determined not to get a child because they were committed to their profession. This response mostly came from senior professionals in the age group of 31-45 years. Among residents, Jr. residents asserted that they would, but after the completion of MD degree". Sr. residents, confined, after getting the permanent jobs" and "after getting enough money to have a baby".

In the most cases women got their child or planned to have one after MD or a permanent job. It was also confirmed that most often respondents had two school going children. A marginal group of senior physicians had children who were attending college or university.

With these premises two main functions of mother role; childcare and socialization of the child, have been highlighted in the following section.

(a) Childcare :

Child care inevitably goes on with children at all stages but it decreases considerably according to the stages of children. The data confirms that it was almost impossible for physicians to carry on their professional work, if their children were not looked after by strong supportive network. To high light the nature of supportive net work table-7 is presented below :

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[25] J. Bernard. 1975 Opcit, pp. 118-19.

Table-7: Supportive Social Network in the Child Care

(N=87)

Supportive Network	who looks after your children in your absence %		Who looked after when they were young & needed attention %	
Mother	14	16.0	30	34.5
Mother-in-law	11	12.6	13	14.9
Husband	07	8.0	07	8.0
Maid Servant	42	48.3	30	34.5
Leave them in Crèche	05	5.7	05	5.7
Bring them to hospital	-	-	02	2.3
Do not require attention	08	9.2	-	-
Total	**87**	**100.0**	**87**	**100.0**

Supportive net work, as evident in case of household work, also worked as a 'handy help' in the child care. Besides maid servants' mothers-in-law and mothers were also of great help. Keeping mother-in-law - daughter-in-law relationship in view, it was enquired whether physicians had tensions with mothers-in law on the issue of childcare. The main responses were, 'not much tension on child care', 'after all child belongs to her', and 'old people enjoy them.'

One elderly physician said:

"The help given by mother-in-law is essential. She has known right from the beginning that her daughter-in-law is a doctor and she has to go to hospital. So even when mother-in-law feels upset, she never shows it on face. Moreover, we (doctors) neither command nor demand that she must look after our child."

Another respondent said :

"Why would be any tension on child care. We had a whole timer servant. She (mother-in-law) supervised. That was all. Fine, if she felt that she was obliging us, she would have told us and we would have searched an alternative. In fact tensions and cribbing are the reflection of other things. Otherwise older people love kids. Playing with kids is a real joy. I being a mother-in-law have no time to play with my grand children. I miss them."

One physician explained :

"Actually, problem is this that when the woman physician comes around 5 and 6 in the evening after heavy duty day, she is tired and wants to relax for sometime, but as soon as mother-in-law sees the daughter-in-law she immediately entrusts the responsibility to her of looking after the child, because she is also tired. Elderly people cannot run after children and one knows varied children's demands. In fact, no one should expect anything from anyone. Secondly, tensions and cribbings also vary according to the status of mother-in-law. If she is in her house and son and daughter-in-law are living with her in the traditional setup, then she feels satisfied that she is the head of the family and does not take childcare as a burden. Otherwise, psychologically, she feels upset that she is forced to carry out the duties of childcare. As a result, tensions, questioning are reflected in the forms of cribbing on the issue of child care."

These statements reflect the assertive attitude of physicians. Many of them repeated in the discussions that this is our house (in case of nuclear family). Mother-in-law is a guest. She will be provided all the comforts (hired with money). They were also of the opinion that they were doing the best job and this adds to the status of mother-in-law, so, if they look after children, they are not doing favour but doing their own role. However, despite being helped by supportive network in childcare, physicians were tensed on the issue of childcare, particularly those who had younger children. It was asked: "Do you think children are major source of conflict in your profession?" It is found that their children were the major source of conflict in their profession, whereas senior physicians (79.3%) felt otherwise. However, 'yes' 'no' responses may have overlapped in the two categories.

(b) Socialization of the Child :

Socialization of the child is the learning process stage of infancy when the child's inquisitiveness increases and he tries to learn everything and picks up some hinds about the world around him. The mother is the first person to answer the queries of the child. The presumptive closeness of the mother and openness between mother and the child provide a strong basis in the socialization of the child. In order to find out about the socialization of physician's children, it was asked, how often and in what manner physicians help their children in their problems, studies

and exams? and whether they provide money to their in order to make them autonomous and independent? Table 8 is presented, in a comprehensive form, below showing the responess of a total of 87 women physicians who had children.

Table-8: Mother Role in the Socialization of the Children

(N=87)

Responses	Taking interest in children's problems	Helping children in Studies & exams	Taking child out for recreation	Giving money to children
Frequently	82 (94.2)	49 (56.32)	31 (35.6)	12 (13.7)
Occasionally	02 (2.29)	08 (9.19)	44 (50.0)	29 (33.3)
Rarely	-	03 (3.4)	07 (8.0)	25 (28.7)
Not Applicable	-	19 (21.8)	-	19 (21.8)
No Response	03 (3.4)	08 (9.19)	05 (5.74)	02 (2.29)
Total	87	87	87	87

This is evident from the Table 5.15 that physicians had shown a great interest full cooperation and help in their children's problems. A number of physicians felt the importance of early socialization. In their opinion. "One should not overlook children. They feel neglected and feel sorry for parents." A couple of physicians had left the chance of going abroad (either for job or higher education) just because their children were young.

One physician reported:

" I went abroad but second time. First time, I voluntarily refused to go because my child was at the learning state. I thought if I carry on, my child will be spoilt by over caring of mother-in-law. Actually grand parents do have a softer attitude than the mother herself. For example-you must have seen mother beating the child and grand mother smothering the child. Thus, I gave up the idea thinking that I will go some other time as my education is not necessary but my child's socialization."

However, most of the physicians had gone abroad leaving their children with mother-in-law. But many said their children were school going, and it was a short visit in most cases. As compared to senior professionals none of the residents (cases) had gone abroad. They were so much involved in their family problems. This supports the idea that they were conscious of socialization of the child. At the same time, they helped their children in homework, studies and exams. But physicians were not found taking their children out of recreation. This was checked with age group and it was confirmed with the data that younger group most often take their children out for recreation than the older women and senior professionals. Also giving money to children was one issue on which a clear variation was observed. Many of the respondents disagreed with the idea of children handling money. They opined. "We fulfil all their requirements but do not give money to them." This was mostly said in case of younger children. This question was not applicable for all those children were too young to attend school. However, mothers of grown up children reported giving money regularly whereas mother of school-going children provided money on occasions.

Finally, a negligible number of respondents did not take interest in studies or any of the problems. They simply stated 'no time' or 'my husband takes care of children's problems.'

CONCLUSION:

Traditionally women have been exclusively responsible for familial roles as wives and mothers, which are related to husband home and children. The image and the familial roles as wives and mothers could not be changed a centuries passed by and has not changed even in today's modern global world. All the time the determinant of social, differentiation was 'biological'. Since women were witnessing pregnancy delivery and child nursing were restricted to familial work, their movements were restrained and their sphere of activities were curtailed. It is only recently when women feminists throughout the world have voiced and turned the positive side of reproductive behaviour and put women into mainstream of social life, labour market and professions. Not only there is a difference in the perspective on familial roles but what is relevant here is a gender differentiation in the ideological inputs of male social scientist and female social scientists most of whom are labelled as feminists. According to male social scientists, women are passive,

expressive, physically weak, genetically different and closer to nature. They are busy with the reproduction of off springs and heirs to the family. Thus, they may contribute their share in the lighter tasks or in their family occupation. This idea is totally opposed by the feminists. In their opinion, women are active, instrumental, biologically strong and are victims of male dominance in the patriarchal family system. It is the culture, society and state that gives women second rate status; second sex, shadows, subordinates and supplementary workers. Focusing on sociological perspective in Parsonsian term, women's familial roles have been defined as "expressive way"-(providing warmth affection love and care) to the children and adult in the family.

When checked with the observability of familial roles of women physicians. They were found playing their roles in an "expressive way" (providing warmth, supervision, love and care). Physicians in their wife and mother roles had performed these major functions i.e. catering to marital happiness, household work and its management, wife's income and house hold management, childcare and socialization of the child. The empirical data suggest that most of the physicians were happy in their marital life as their husbands were viewed as 'tolerant' and understanding types vis-à-vis wife's constrains and compulsions. The marital happiness derived from sexual relations and participation in recreational activities apparently scored 'high in the case of women physicians. The crucial aspect of a wife's role is household work. Parsons however did not present a list as Murdock did. He provided a list of activities which envelops everything that may occur in the family including – child care, adult care husband care and all menial activities such as washing, cleaning, sweeping, cooking and home maintenance etc. When examined these household activities with the physician wives. Out of 116 married physicians 90.5% managed their household duties happily. Out of 90.5%, 87.9% reported as having a reasonable social supportive network, which make household management feasible despite heavy hospital duties. Out of 87.97%, 75.9% had full timer servant. Rest were helped by mothers and mothers-in-law. On husband's help it was interesting to note that out of 116 married physicians 38.6% husbands help frequently while 37.7% help occasionally. 'On needs and times of crisis'

The common household activities were budgeting, listing, and shopping home making and cooking. A marginal number added cleaning and stitching. Not

only they managed their household duties well, but also they have a different perspective on their familial roles. There was a clear difference in the senior physicians and junior physicians in their role perceptions. The younger physicians resented on washing, cleaning, sweeping as a role or on the issue of husband's help in domestic tasks. While middle aged and elderly gladly discussed their husband's help. This shows that younger group seemed more eager to attain egalitarian status than elderly physicians who still had retained the traditional image (husband is superior and wife is subordinate). Physicians living in nuclear families had slightly more autonomy than living in complex families. It was observed that wives had spent their salary after consideration, discussion and consent of husband's even in nuclear families. Generally, wives had spent their salary on little items of household, children's demands and recreational activities, whereas husbands had utilized their salary in major expenditures. It is, however, encouraging that a couple of physicians had equal amount of share in expenditures on every thing.

On the issue of childcare and socialization. It was reported that physicians had planned their children for later age. The reference point was the completion of MD/MS (Doctor of medicine) and (Master of surgery) respectively. The juniors also wanted to have a baby after the completion of MD/MS course or after getting a permanent job. The degree of childcare was related to the age of children. In most cases, childcare was managed by a strong supportive social network. In the absence of which it was impossible for them to carryout two roles. Proper socialization of the child was given weightage by the physicians studied in this work. It was viewed by younger physicians that they did ignore their children.

To conclude, it can be summed up that the observability of physician's familial roles was evident in an expressive way. As most of the physicians were reported looking after the household management, care and supervision only. The childcare and socialization was also looked after in an expressive way. The majority of the women physicians were not doing menial activities related to a role. This can be taken as a reference point for all the working women who face the role-conflict due to household duties with a negative perspective. Thus, the first step to define familial roles in the present context would be separating 'activities' from a 'role'. A woman may well perform her expressive role as a wife and mother without

doing menial work. In any case the menial activities; such as sweeping, washing, cleaning, dusting, stitching, home maintenance etc. have been taken up by a class of maid servants labelled as 'kamwalis'.

There is a need for restructuring the prospective on familial roles of women according to the modern values and demands. A healthy perspective about the familial roles is needed so that working wives may feel guilt free and would be less confused about their roles. The prospective roles may be taken as providing warmth, affection, supervision, love and care to the children and adult members in the family.

BIBLIOGRAPHY :

1. Abidi, N.F. (1993) Women Physicians : A Study in Roles and Role-conflict. Delhi : Manak Publications Pvt. Ltd.
2. Abidi, N.F. (1986) Home based production : A Case Study of Women Weavers in a Village of Eastern Uttar Pradesh." in A.K. Gupta, Women and Society : The Development Perspective, New Delhi, criterion Pub., p-336-37.
3. Arggle, M.L. & Henderson, M. (1985). The Anatomy of Relationship, London : Heinemann.
4. Beauvoir S.de 91953) The Second Sex, Harmondsworth : Penguin Books.
5. Bernard, J. Women, Wives and Mothers : Values and Options, Chigaco : Aldine Pub.. 1975 p-115.
6. Bernard, J. (1976) the Future of Marriage Harmondsworth : Penguin Books.
7. Birnbaum, J.L.A. (1975) "Lifepartners Personality, Style and Self Esteem of Gifted Family Oriented and Career Committed Women." quoted in Bernard. J.1975.
8. Engels F. (1972) The Origin of the Family : Private Property and the State, London: Lawrence & Wishart.
9. Epstein, C.F. (1970) Women's Place, Berley : California Press.
10. Erikson, E. (1968), Identity, Youth and Crisis, New York: Norton.
11. Firestone, S. (1972) The Dialectic of Sex, London : Deladin.
12. Friedan, B. (1963) The Feminine Mystique London:Gallanez
13. Friedle, E. (1975) Women and Men : An Anthrolological view, New Your : Hot Rinehart & Winston.

14. Gupta, N. (1986) "Is there a thing as a woman". The times of India, Sunday Aug 10, 1986, (Delhi ed.)

15. Haralambos, M. and Heald, R.M. (1980) Sociology : Themes and Perspectives, Delhi : Oxford University, press.

16. Kapadia, K.M. (1955) Marriage and Family in India, Delhi : Oxford University Press.

17. Lopata, H.A. (1972) Occupation Housewife, New York : Oxford Univesity Press.

18. Murdock, G.P. (1949) Social Structure, New York : Macmillan.

19. Oakley, A. (1974) Housewife, London : Allen Lane

20. Ortner, S.B. (1974) "Female to male as Nature is to Culture" in M.Z. Rasaldo (ed) Women, Culture and Society, Stanford : Stanford University Press.

21. Parsons, T. (1951), The Social System Glencoe III, The Free Press.

22. Parsons, T.(1956) The American Family in Parsons, T. and Bales R., Family : Socialization and Interaction Process, London : Routledge & Kejan Paul.

23. Rani, K. (1976) Role-conflict in working women, New Delhi : Chetna Publications.

24. Rothman,, S.M. (1978) Women's Proper Place : A History of Changing Idea and Practices 1870 to the present, New York : Basic Books.

25. Tiger, L. (1969) Men in Groups, New York : Random House.

26. Tiger, L. and Fox, R. (1972). The Imperial Animal, London : Secker and Wasburg.

27. Watts, J. (1988) "Men and Women : The Feud Goes On" The Times of India, Sunday Review, May 1, 1988, p-(Delhi ed.).